Reset Form

STATEMENT OF EMPLOYMENT AND WAGES

State Form 55165 (1-13)
UNEMPLOYMENT INSURANCE/BENEFITS AREA

**This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it. The information in this document is confidential.*

Disaster Number: FEMA -DR-IN

Name	Social Security Number*

A. APPLICANT EMPLOYMENT

In order to compute the amount of my weekly entitlement to DISASTER UNEMPLOYMENT ASSISTANCE (DUA), I certify I had the following employment, self-employment, and earnings during previous calendar year.

Name and Address of Employer (or Self-Employment)	Period Employed		Total Gross/Net* Earnings	Weekly Wage	Hours Worked Weekly
	From	To			
1.			$	$	
2.			$	$	
3.			$	$	
4.			$	$	
5.			$	$	
6.			$	$	

*Report **NET** earnings if self-employed and **GROSS** earnings if a wage earner.

☐ I certify I must furnish documentation to substantiate the employment or self-employment upon which this application is filed to support that I was employed or self-employed on the date the major disaster occurred.

You must also submit a copy of your previous year Federal Income Tax Forms to establish your monetary entitlement. Failure to provide this documentation within twenty-one (21) days of the date you filed your claim will result in denial of DUA benefits and you will be required to repay any DUA benefits paid to date.

☐ I certify the information provided on this form is correct and I have supplied the information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know federal funds are provided and penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Act.

Name	Date *(month, day, year)*

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